

State: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

***Agency that determines eligibility for coverage.**

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>86-9</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

State: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>NEW</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

State: Mississippi

Agency* Cifation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act
Division of Medicaid

☒ 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1, page 9a. to ATTACHMENT 2.6-A.

☐ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☒ Aged
☒ Blind
☒ Disabled
☐ Individuals under the age of--
 — 21
 — 20
 — 19
 — 18
☐ Caretaker relatives
☐ Pregnant women

*Agency that determines eligibility for coverage.

TN No. 92-03

Approval Date 4-19-93

Effective Date 1-1-92

Supersedes

TN No. 90-15

Date Received 1-27-92

HCFA ID: 7983E

State: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act
Division of Medicaid

- ☒ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act
Dept. of Human Serv.

- ☐ 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

***Agency that determines eligibility for coverage.**

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
Supersedes	Date Received <u>3-25-93</u>	HCFA ID: 7983E
TN No. <u>90-15</u>		

State: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(IX) and
1901(1)(1)(D)
of the Act

☐ 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983, and who have attained 6 years of age but have not attained--

☐ 7 years of age; or

☐ 8 years of age.

THIS ITEM IS OBSOLETE AS THIS OPTIONAL GROUP IS NOW SUBSUMED UNDER THE GROUP OF CHILDREN BORN AFTER SEPTEMBER 30, 1983, WHO ARE UNDER THE AGE OF 19 YEARS.

*Agency that determines eligibility for coverage.

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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TN No. <u>90-15</u>	Date Received <u>2-19-93</u>	HCFA ID: 7983E

State: Mississippi

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

/x/ 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act.
Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in ATTACHMENT 2.6-A. Supplement 2, pg. 6.

*Agency that determines eligibility for coverage.

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>New</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 93-19

3-7-94

Supersedes

Approval Date

Effective Date

10-1-93

TN No. 92-03

Date Received

12-8-93

State/Territory: Mississippi

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 11 months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to ATTACHMENT 2.6-A.

TN No. 92-16
Supersedes
TN No. New

Approval Date 11-3-93
Date Received 9-30-92

Effective Date 7-1-92
HCFA ID: 7983E

Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

- 19. Optional Targeted Low Income Children who:
- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
 - b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D));
 - c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
 - d. have family income at or below:
200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- All children described above who are under age 19 with family income at or below 100 percent of the Federal poverty level.
- The following reasonable classifications of children described above who are under age ____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

TN No. 98-05
Supersedes NEW

Approval Date 9/6/96
Effective Date 7/1/98

Citation(s)	Groups Covered	
1902(e)(12) of the Act	<u>X</u> 20.	A child under age 19 who has been determined eligible is deemed to be eligible for a total of 12 months regardless of changes in circumstances other than attainment of the maximum age stated above.
1920A of the Act	<u> </u> 21.	Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive day.

TN No. 98-05
Supersedes NEW

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Effective Date 7/1/96